

ISSUE SLIP STAPLE AREA (for additional cross references)

Sue
9/13/00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N		09/13/00
O.I.P.E. CLASSIFIER		8	8-3-00
FORMALITY REVIEW	M.M.	740	09-12-00
RESPONSE FORMALITY REVIEW	MM	740	2-23-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)	Canceled	Appeal
+		Restricted	Objected

Claim	Date
1	✓ ✓ ✓
2	✓ ✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓ ✓
8	✓ ✓ ✓
9	N N
10	O ✓
11	✓ ✓ ✓
12	✓ ✓ ✓
13	✓ ✓ ✓
14	✓ ✓ ✓
15	✓ ✓ ✓
16	✓ ✓ ✓
17	✓ ✓ ✓
18	N N
19	
20	
21	✓ ✓ ✓
22	✓ ✓ ✓
23	✓ ✓ ✓
24	✓ ✓ ✓
25	✓ ✓ ✓
26	✓ ✓ ✓
27	N N
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49	
50	✓ ✓ ✓

Claim	Date
51	N N
52	N
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54	✓
55	✓
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If more than 150 claims or 10 actions
staple additional sheet here

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